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CONFIRMATION NO. 5392

<b>SERIAL NUMBER</b> 09/960,260	<b>FILING OR 371(c) DATE</b> 09/21/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1001.1534101
<b>APPLICANTS</b> Timothy McGlinch, St. Paul, MN; Tim Mlsna, St. Michael, MN; Dean A. Peterson, Brooklyn Park, MN; David B. Robinson, Chanhassen, MN;				
<b>** CONTINUING DATA *****</b> <i>com 1/6/07</i> <i>N/A</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>com 1/4/07</i> <i>N/A</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>1/6/07</i> 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>com</i> Acknowledged <i>com</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 24  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28075				
<b>TITLE</b> Intravascular device with carrier tube engagement member				
<b>FILING FEE RECEIVED</b> 2060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	